

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

- COVERING JANUARY 1 - JUNE 30, _____ - DUE AUGUST 15
 COVERING JANUARY 1 - DECEMBER 31, 2005 - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

1164
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 02/15/06

ERA (02/06)

3060383 (02/06)
3060434 (02/05)

1. Name SALVAGGIO Ricky J
Last First MI

2. Business Address: 5100 False Drive Metairie LA 70006
Street and No. City State Zip

Mailing Address: 5100 False Drive Metairie LA 70006

3. Business Phone 504-220-5672
Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$1626.60
(Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made July 1 through December 31: \$260.23
(When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: \$1886.83
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:
From January 1 through June 30? Yes No
From July 1 through December 31? Yes No NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:
From January 1 through June 30? Yes No
From July 1 through December 31? Yes No NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function in which more than twenty-five executive branch officials were invited during this reporting period?
Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

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JAN 15 2006

EXECUTIVE LOBBYING EXPENDITURE REPORT

Executive Lobbyist Registration No. _____

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: Department of Health + Hospitals
- b. Total of all expenditures made January 1 through June 30: \$ 1228.52
- c. Total of all expenditures made July 1 through December 31: \$ 240.88
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 1469.40

- 2) a. Name of Department: Department of Education
- b. Total of all expenditures made January 1 through June 30: \$ 398.08
- c. Total of all expenditures made July 1 through December 31: \$ 19.35
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 417.43

- 3) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: Department of Health + Hospitals - Charity Hospital - New Orleans
- b. Total of all expenditures made January 1 through June 30: \$ 1228.52
- c. Total of all expenditures made July 1 through December 31: \$ 240.88
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 1469.40

- 2) a. Name of Department and Individual Agency: Department of Education - Louisiana State University
Medical School - New Orleans
- b. Total of all expenditures made January 1 through June 30: \$ 398.08
- c. Total of all expenditures made July 1 through December 31: \$ 19.35
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 417.43
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Ricky J. Salvo
Signature of Lobbyist